



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO				<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  <i>(Use as many sheets as necessary)</i>				Application Number	10/750,427
				Filing Date	December 31, 2003
				First Named Inventor	Frank M. Fago
				Art Unit	3763
				Examiner Name	Q. H. Vu
Sheet	2	of	2	Attorney Docket Number	LF 217

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
	1	Chinese App No. 2004800396111 / Office Action mailed July 4, 2008 and English Translation	X
	2	Chinese App No. 2004800396111 / Office Action mailed March 20, 2009 and English Translation	X
	3	European App No. 04 813 537.0 – 1257 / Office Action mailed Sept 29, 2008	X

Examiner Signature	/Quynh-nhu Vu/	Date Considered	09/04/2009
-----------------------	----------------	--------------------	------------

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /QNV/